

ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor
Phoenix AZ 85007-2934
(602) 542-5141

400 W Congress #521
Tucson AZ 85701-1352
(520) 628-6595

BUSINESS INFORMATION/NAME CHANGE REQUEST

(No Fees Required)

1. License Number: _____
2. Licensee/Agent's Name: _____
Last First Middle
3. Current Business Name: _____
(Exactly as it appears on the license)

For all changes that apply to you, please check applicable boxes and complete:

☐ New Business Name: _____

☐ New Business Address: **NOTE: THIS IS NOT A LOCATION TRANSFER. THIS IS ONLY A LOCAL GOVERNMENT OR U.S. POSTAL AUTHORIZED ADDRESS CHANGE. DOCUMENTATION MUST BE ATTACHED.**

Street City State Zip

☐ New Business Phone: (____) _____ ☐ New Home Phone: (____) _____

☐ New Mailing Address: _____
Street City State Zip

☐ Other (please explain): _____
(Attach additional sheet if necessary)

I, _____, hereby declare that I am an AUTHORIZED PERSON filing this
(Print full name)
request. I have read this document and the contents and all statements are true, correct and complete.

State of _____ County of _____
The foregoing instrument was acknowledged before me this

X _____
(Signature) Day Month Year

My commission expires on: _____
(Signature of NOTARY PUBLIC)

DEPARTMENT USE ONLY

Approved by: _____ Date: _____

***Disabled individuals requiring special accommodation, please call the Department.**